

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

MBCR, ROBERT JOHNSON

32 COBBLE HILL ROAD

SOMERVILLE

MA 02143 4444

Lic#: F-2011-178

B.O.A.#: 162044

Fee: \$0.00

Restricted to: 393,510 Gallons Total

Restricted as follows;

350,000 2-175,000 GAL FUEL OIL TANKS

16,000 2-8,000 GAL TANK (LUBE OILT)

8,000 1- GALLON TANK (WASTE OIL)

16,000 2-8,000 GALLON TANK (WASTE ANTI/FREEZE) 1,000 2-500 GALLONS TANKS

125 1-GALLON TANK (DIESEL GENTERATOR)

100 1-GALLON TANK (DIESEL FIRE PUMP)

285 1-GALLON WASTE OIL

UNDERGROUND RESTRICTIONS

2,000 1-GALLON TANK

(WASTE OIL)

(WASTE OIL)

(WASTE OIL)

ABOVE GROUND RESTRICTIONS

Is the holder of the license originally granted 06/24/1997
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00070 R THIRD AV (MUNREG)

as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: MASSACHUSETTS BAY COMMUTER RAIL (MBCR) TEL: 617-222-6400
Company Address: 00070 R THIRD AV (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ☐ Co: ☐ Corp: ☐ Trust: ☐ Agency ☒ Ship ☐ Other ☐

Gov't

Partner

Owner Name: MBCR, ROBERT JOHNSON TEL: 617-222-3619
Owner Address: 32 COBBLE HILL ROAD

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 050547924

This Application must be signed and filed with the required fee no later than
April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2011 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ☐ Occupant ☐ Holder ☐

Signature of Applicant

32 Cobble Hill Road

Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed

Taken

Received: 6/13/11

H.C.

City Clerk



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant Information:

Please PRINT legibly

name: Massachusetts Bay Commuter Railroad, LLC

address: 32 Cobble Hill Road

city: Somerville

state: MA

zip: 02143

phone # 617-222-3619

work site location (full address): 70 Rear Third Ave, Somerville, MA 02143

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)

☒ I am an employer with _____ employees (full & part time). ☒ Other Commuter Railroad

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: See attached letter

address:

city:

phone #:

insurance co.

policy #

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city:

phone #:

insurance co.

policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Attach additional sheet if necessary.

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year's imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature

Date

6-3-11

Print name Robert Johnson

Phone #

617-222-3619

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____

☐ check if immediate response is required

contact person:
(revised Sept. 2003)

phone #:

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Massachusetts Bay Commuter Railroad, LLC

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

Federal Identification Number 050547924

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



Massachusetts Bay
Commuter Railroad Company

April 15, 2010

Mr. John J. Long
City Clerk of Somerville
City Hall
93 Highland Avenue
Somerville, MA 02143

Dear Mr. Long,

I am writing in response to your request for certain information related to the Massachusetts Bay Commuter Railroad, LLC (MBCR) need to renew a Storage of Flammables License with the City of Somerville. In particular, the City has requested that MBCR complete a "Worker's Compensation Insurance Affidavit".

However, MBCR is legally exempt from providing Worker's Compensation Insurance for our employees. Rather, MBCR is an interstate railroad, and as such, is covered by the Federal Employers Liability Act (FELA).

If you have any questions, please contact me at (617) 222-8434. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Ann Reilly".

Mary Ann Reilly
Manager of Environmental Compliance
Massachusetts Bay Commuter Railroad
32 Cobble Hill Road
Somerville, MA 02143

June 9, 2011

Ms. Joanne Deprezio
Clerk's Office
City of Somerville
93 Highland Avenue
Somerville, MA 02143

2011 JUN 10 A 9:53
CITY CLERK'S OFFICE
SOMERVILLE, MA

Re: Flammable Storage License for Massachusetts Bay Commuter Railroad (MBCR)
70 Rear Third Avenue, Somerville, MA 02143

Dear Ms. Deprezio:

On behalf of the MBCR, enclosed is the signed Renewal Application for Storage of Flammable License, along with the required attachments.

Please forward the new permit and associated materials to Mary Ann Reilly of the MBCR, a self-addressed envelope is enclosed for your convenience

Please feel free to contact me at 781-213-4910 if you have any questions.

Sincerely,

ARCADIS



Kevin Lynch, CHMM
Project Compliance Manager



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Massachusetts Bay Commuter Railroad, LLC
2. Address of taxpayer/applicant's business in Somerville: 32 Cobble Hill Road
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-222-3619 evening: _____

I, Robert Johnson, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this Friday day of

June 3, 20 11

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate

☐ Water/Sewer

☐ Personal Property

☐ Other: _____

01613148

551001011

NOTES:

CLERK'S INITIALS: ✓ Barrows

ORIGINAL STAMP:



RECEIVED
(Barrows)
6-14-11